

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

*Samuel Abbot*  
*Cecil Co. Annapolis* *Cecil*

Date

of death 190

Month

*Aug*

Day

*14*

Age

Years

*41*

Months

Days

Sex

*male*

Color or  
Race

*white*

Birth-  
place

*md*

Married, Single  
or Widowed

*Single*

Occupation

*Laborer*

Name of Wife or  
Husband

Father's  
Name

*Joe Abbot*

Father's  
Birthplace

*md*

Mother's  
Maiden Name

Mother's  
Birthplace

*md*

Name of person giving  
Information

*Sister Clara Abbot*

How related

CAUSES OF DEATH

Primary

*Acute gastritis 104*

How long

*1 week*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

Address

*B. Brundage*  
*North En*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Lucian Ann Baldwin*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

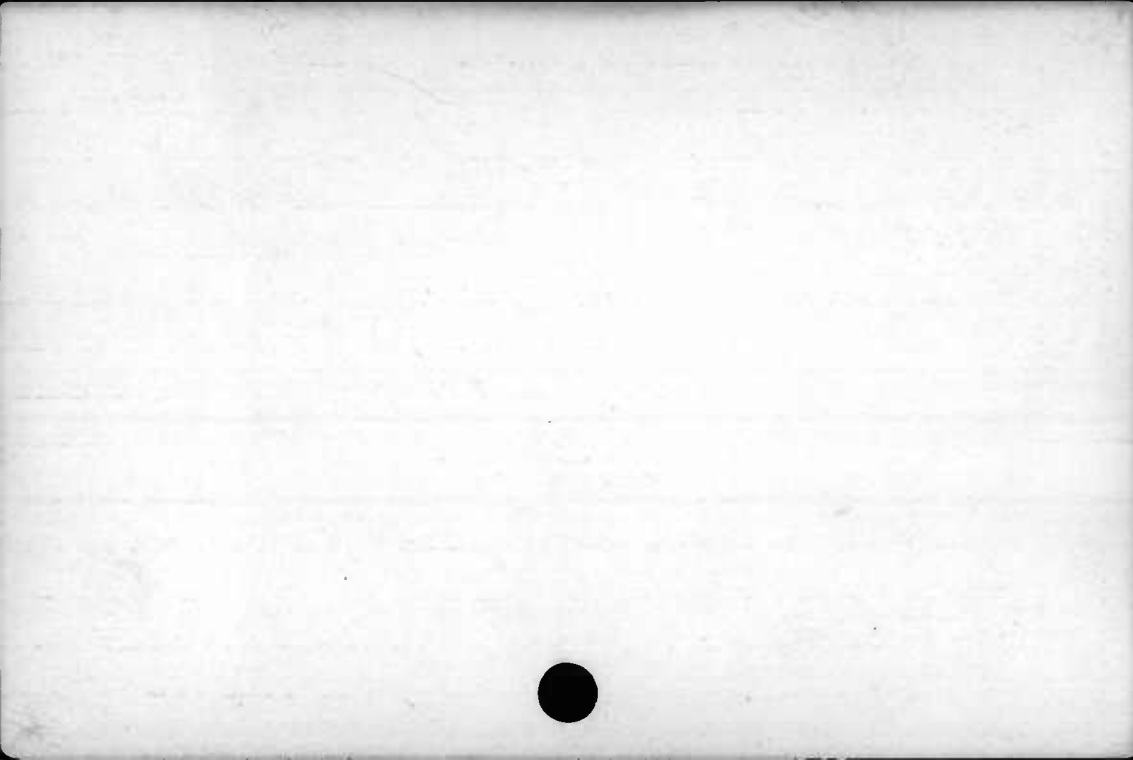
MARYLAND

Died at <i>Port Deposit</i> <sup>Town</sup>		<i>Cal</i> <sup>County</sup>			
Date of death 190 <i>3</i>	Month <i>August</i>	Day <i>24</i>	Years <i>68</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bohemia Manor</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Seamstress</i>		
Name of Wife or Husband <i>William J. Baldwin</i>					
Father's Name <i>Mr Roberts</i>			Father's Birthplace <i>Bohemia Manor</i>		
Mother's Maiden Name <i>Mrs Roberts</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Belle Lawrence</i>			How related to deceased <i>Sister-in-law</i>		

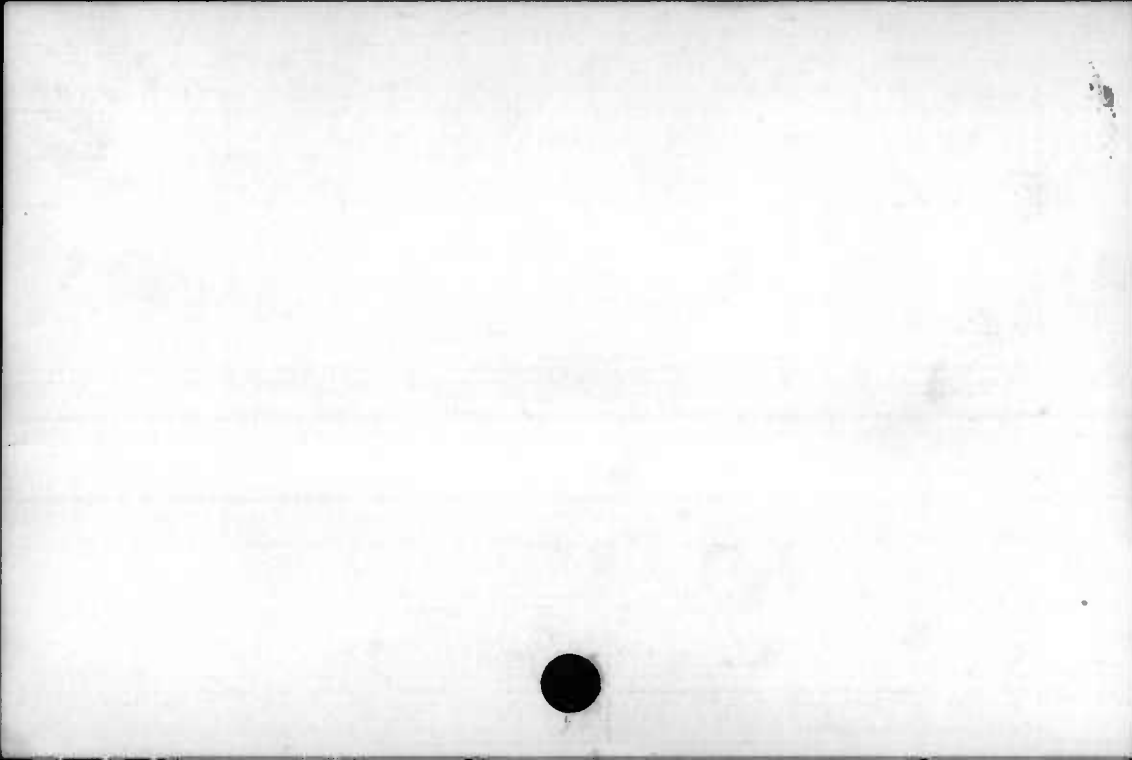
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Trouble</i> <i>79</i>	How long <i>—</i>
Immediate <i>Heart Attack</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Cluman</i>
	Address <i>Port Deposit</i>
<i>Accident or Suicide?</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Rowlandville</i>		County <i>Cecil</i>		MARYLAND
	Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>20</i>	Age <i>7</i>	Months <i>7</i> Days <i>7</i>
	Sex <i>male</i>	Color or Race <i>Col.</i>		Birth-place <i>Cecil Co</i>	
	Married, Single or Widowed <i>S</i>		Occupation		
	Name of Wife or Husband				
	Father's Name <i>George Boddy</i>		Father's Birthplace <i>Cecil Co</i>		
	Mother's Maiden Name <i>Francis Smith</i>		Mother's Birthplace <i>Cecil Co</i>		
Name of person giving information <i>Samuel Rice</i>		How related to deceased <i>Cousin</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary			How long <i>17 1/2</i>	
	Immediate <i>Drowned</i>			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Wm. S. Cawley</i>	
				Address <i>Elkton Md.</i>	
	Accident or Suicide? <i>Accident</i>				



Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Elizabeth B. Bond*

Died at *Wheat* Town *Wheat* County *Wheat*

Date of death 190 *3* Month *Aug* Day *12* Age *72* Years Months *4* Days *23*

Sex *Female* Color or Race *Colored* Birth-place *Darlington Md*

Married, Single or Widowed *Widow* Occupation *House work*

Name of Wife or Husband *Elizabeth Bond*

Father's Name *Fred Bond* Father's Birthplace *Bel Air*

Mother's Maiden Name *Elizabeth Drabster* Mother's Birthplace

Name of person giving information *Mary Robinson* How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Bright's Disease 1920* How long *4 m.*

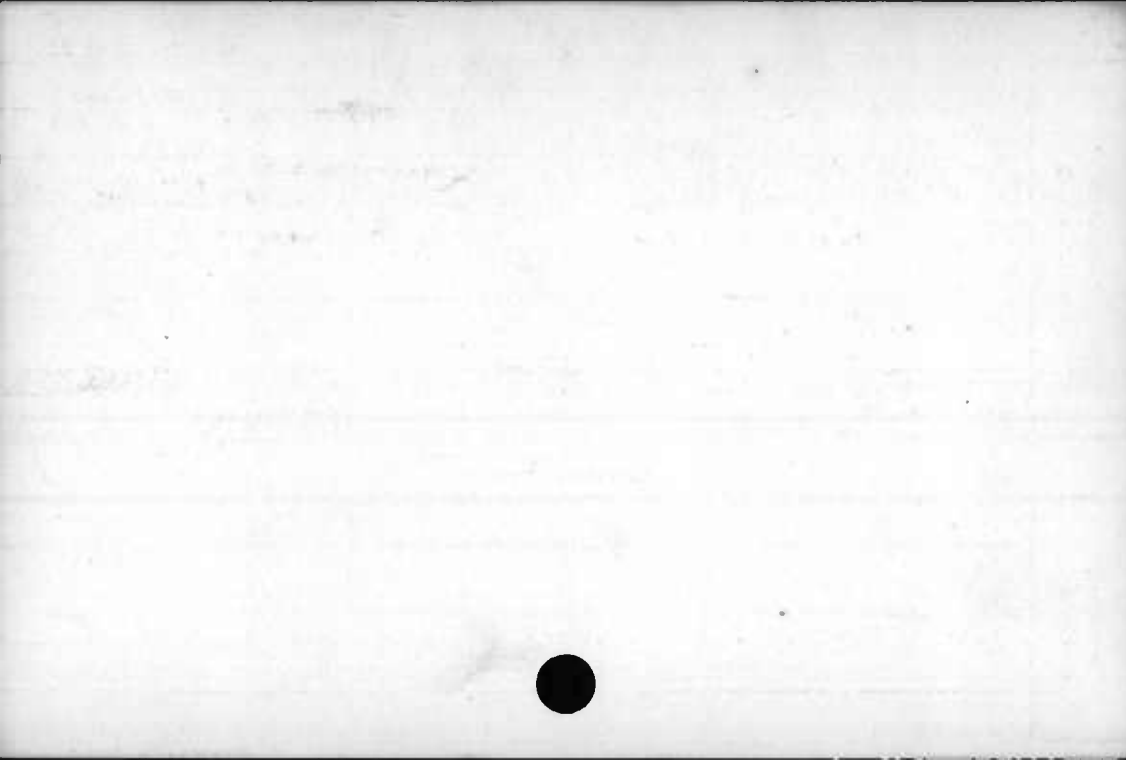
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. E. Chumley*

Address *Wheat*

Accident or Suicide





Name in Full

Certificate of Death

Stillborn Babe of Benj. Briscoe K240

Died at <sup>Town</sup> Rising Sun <sup>County</sup> Cecil 6th Dist MARYLAND

Date 1903 Aug 6 Age - Y. M. D. Native of Mo Occupation

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband of

Wife of

Father's Name	Benjamin Briscoe	Mother's Maiden Name	Ethel R. Horlentine
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Cause of Death	Primary	How long sick
	Immediate Stillborn	
		Accident, Suicide, Homicide

Reported by J. B. Linn Mo..

Address Rising Sun Mo.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <b>Geo Brown</b>		4 dist		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Big Elk Chapel</b>		County <b>cecil</b>		MARYLAND
	Date of death 1903	Month <b>aug</b>	Day <b>1st</b>	Age <b>66</b>	Months <b>—</b> Days <b>—</b>
	Sex <b>Male</b>	Color or Race <b>white</b>	Birth-place <b>md</b>		
	Married, Single or Widowed <b>Widower</b>		Occupation <b>Farmer</b>		
	Name of Wife or Husband <b>—</b>				
	Father's Name <b>John Brown</b>		Father's Birthplace <b>md</b>		
PHYSICIAN OR CORONER	Mother's Maiden Name <b>Ann Peterson</b>		Mother's Birthplace <b>md</b>		
	Name of person giving information <b>Leola Richie</b>		How related to deceased <b>daughter</b>		
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary <b>Typhoid fever</b>		How long <b>20 days</b>		
	Immediate <b>Intestinal hemorrhage</b>		How long <b>—</b>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J. H. Wheeler</b>		
	<b>Yes</b>		Address <b>Cherry Hill md</b>		
	Accident or Suicide?				

118



Name in Full

Certificate of Death

*Rolland Helmar Brown*  
 Town County

Died at *Near Blue Bell Cecil* MARYLAND

Date 1903 *8* *3* Y. M. D. *1* *12* Native of *Ma* Occupation *—*  
 Male ~~White~~ Married ~~Widow~~ Divorced ~~—~~  
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living *—*

Husband of *—*  
 Wife

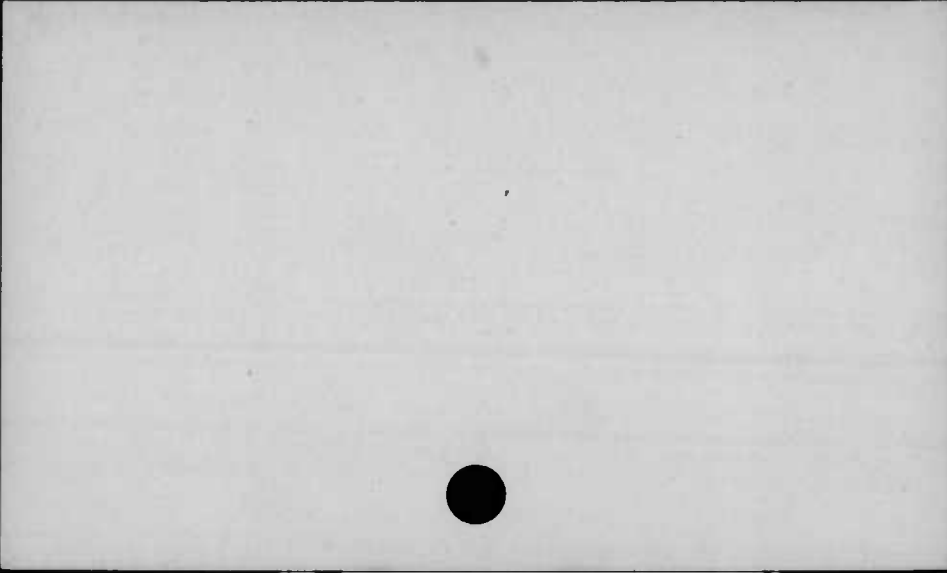
Father's Name *Dean Hertley* Mother's Name *Marie Brown*

Cause of Death { Primary *Tuberculosis* *Best of my knowledge* How long sick *Two months*  
 Immediate *Tuberculosis* *—* Accident, Suicide, Homicide

Reported by *B. E. Mason Undertaker*

Address *Chrom*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Larison B. Carhart

## CERTIFICATE OF DEATH

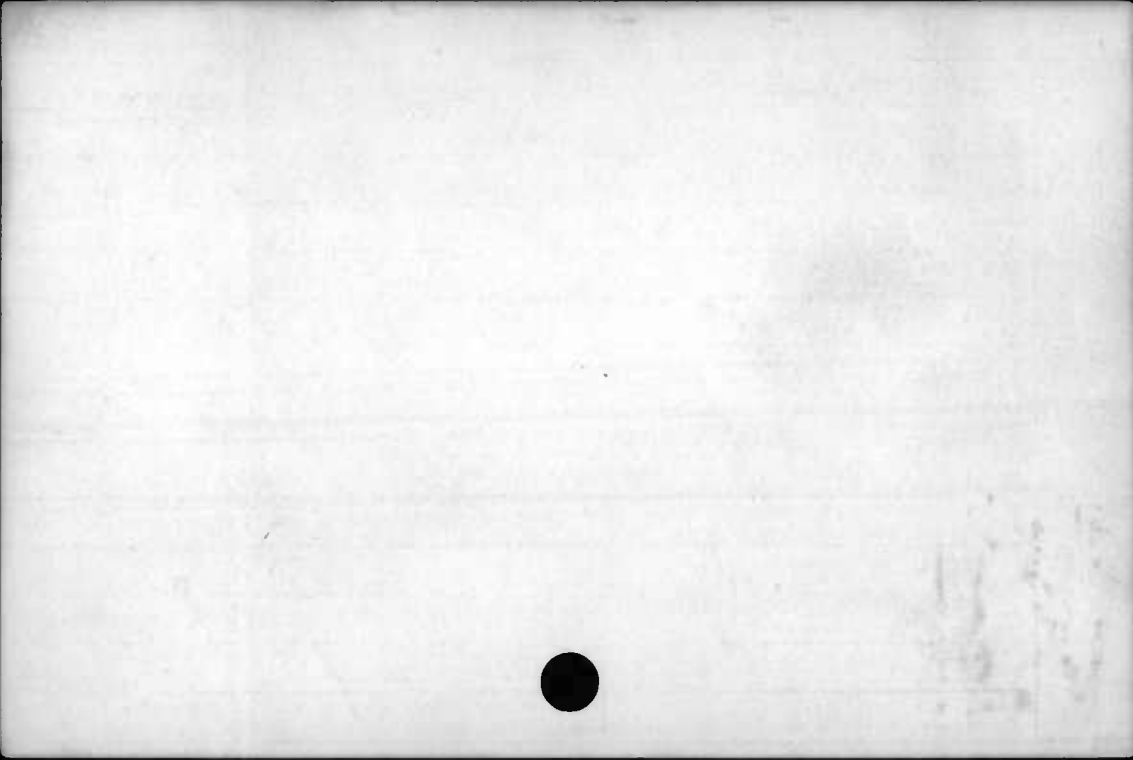
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	3	Aug	25	71	0	7	
Sex	male		Color or Race	white		Birth-place	New Jersey
Married, Single or Widowed	married			Occupation	Farmer		
Name of Wife or Husband	Matilda						
Father's Name	Samuel Carhart				Father's Birthplace	New Jersey	
Mother's Maiden Name	Fannie Carhart				Mother's Birthplace	New Jersey	
Name of person giving information	Edwin D. Carhart				How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Apoplexy		How long	3 years.
Immediate	Bilateral Paralysis		How long	"
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Lepra St. Mills
			Address	North East-
Accident or Suicide?				





Name in Full

Certificate of Death

**William Clayton**  
Town **Colony** County **Cecil** **9th Dist** **MARYLAND**  
Died at

Date **1902** **8** **13** **1902** **15** **9** **10** **MD** **Saddler**  
Male White Married Widower Divorced  
Female Colored Single Widower Number of children living **7**

Husband of **Deborah Clayton**  
Wife of **Thomas Clayton** Mother's Name **154**  
Father's Name **Thomas Clayton**

Cause of Death { Primary **General Debility** How long sick **1 year**  
Immediate **do do** Accident, Suicide Homicide

Reported by **Leffiah Anderson MD**  
Address **Colony MD**



Name in Full

Sarah Drumpsey

6, District

Town

County

Died at

Crown

Cecil

MARYLAND

Date <sup>1903</sup> ~~189~~ <sup>Month</sup> ~~Aug~~ <sup>Day</sup> ~~21~~ <sup>Y.</sup> ~~68~~ <sup>M.</sup> ~~21~~ <sup>D.</sup> ~~21~~ Native of ~~Ind.~~ Occupation ~~Housewife~~

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~ <sup>Number of children living</sup> ~~5~~

~~Female~~ <sup>Colored</sup> ~~Single~~ <sup>Widower</sup>

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

Leaking of brain  
exhaustion

How long sick

one year

Accident, Suicide, Homicide

Reported by

Address

Dr J. B. Stuenkel

Blount St. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John Eaton

## CERTIFICATE OF DEATH

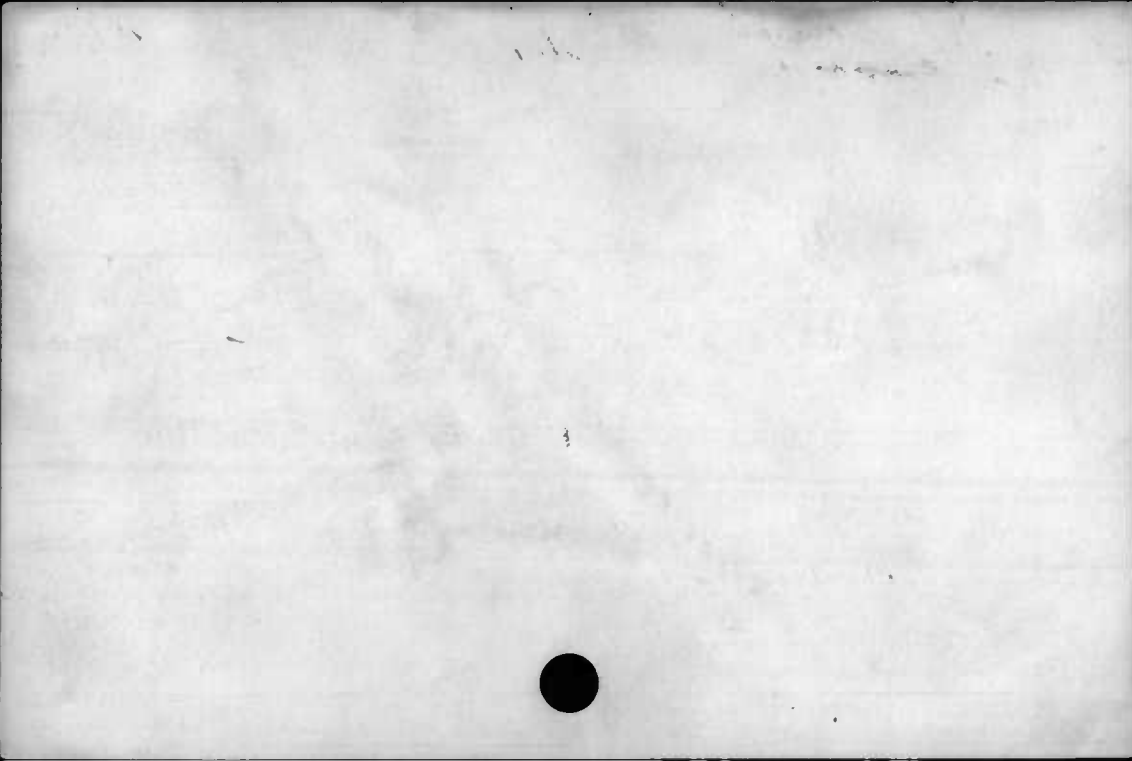
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Harwick		County Louise		MARYLAND	
Date of death 1903	Month August	Day 6	Age 77	Years	Months 0	Days 0	
Sex male	Color or Race White		Birth- place Kent Co Md.				
Married, Single or Widowed Widower		Occupation Butcher					
Name of Wife or Husband Rachel Eaton							
Father's Name Not Known		159		Father's Birthplace not known			
Mother's Maiden Name not known				Mother's Birthplace not known			
Name of person giving information Horace Eaton				How related to deceased Son			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gunshot Wound of Brain		How long	
Immediate	Cerebral Haemorrhage		How long	Lived 20 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. J. Waight M.D.
			Address	Harwick Md.
Accident or Suicide?				



*Maria H Finley*  
 Town County  
 Died at *near Appleton*  *Cecil* MARYLAND  
 Month Day Y. M. D. Native of Occupation  
 Date 1903 *Aug* *9* Age *56* *Wid* *Housewife*  
~~Male~~ White ~~Married~~ Widow Divorced  
 Female ~~Single~~ ~~Widower~~ Number of children living *4*

Husband of *John Finley -*  
 Wife  
 Father's Name *John Finley* Mother's Maiden Name *Lavinia Holt -*  
 Cause of Death { Primary *Diabetes -* How long sick *3 yrs -*  
 Immediate *50* Accident, Suicide, Homicide

Reported by *Dr. F. B. Worp -*  
 Address *Kempelville Pa.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Hillie S Gamble

6 District

Town  
ColoraCounty  
Cecil

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 1903.

Aug 20

Age 23

4/11 days

American

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Brinton Gamble

Mother's

Maiden Name

Mary Brown

Cause of

Primary

Acute Meningitis

How long sick

Five weeks

Death

Immediate

Supposed Brain (Semi Stroke)

Accident, Suicide, Homicide

Reported by

Ernest Rowland

Address

Liberty Moor. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Wm. L. Graham 5 dist

## CERTIFICATE OF DEATH

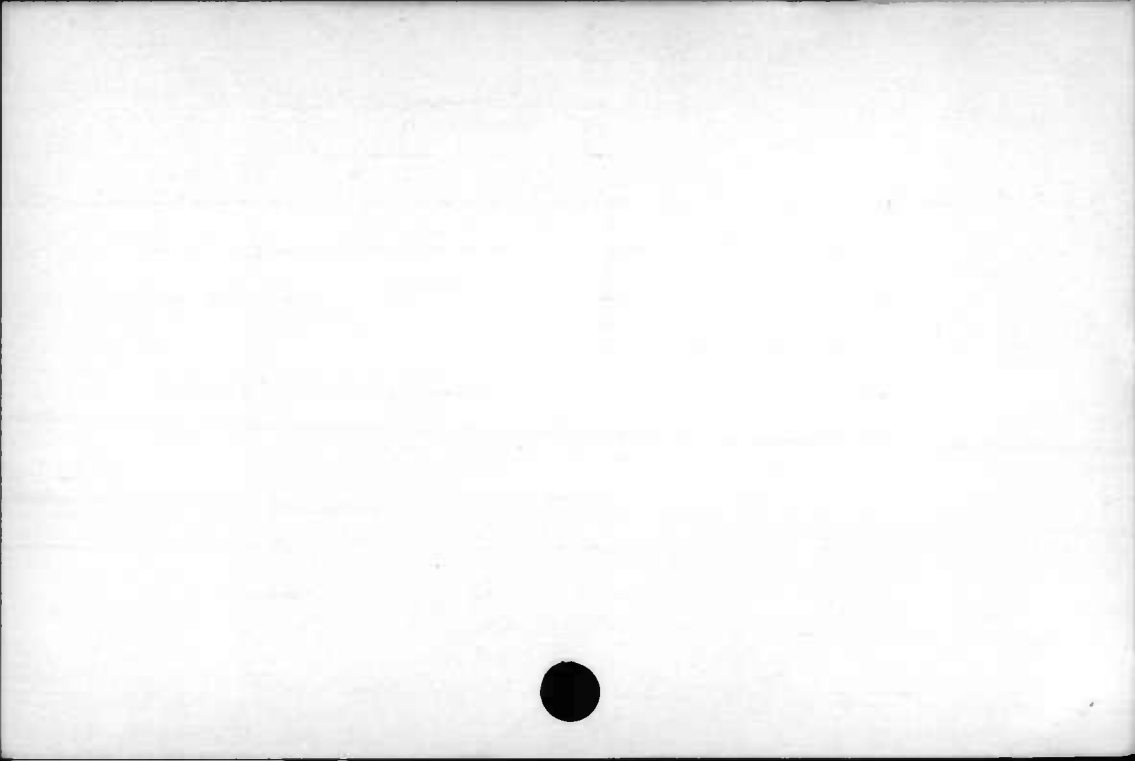
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Charleston		County Cecil		MARYLAND	
Date of death 1902	Month Aug	Day 11	Age 48	Years	Months	Days	
Sex male	Color or Race white		Birth- place Charleston				
Married, Single or Widowed married		Occupation Cabinet Maker					
Name of Wife or Husband Annie Graham							
Father's Name John B. Graham		Father's Birthplace Cecil Co.					
Mother's Maiden Name Caroline Nechtoden		Mother's Birthplace Cecil Co.					
Name of person giving in formation Foster		99		How related to deceased			

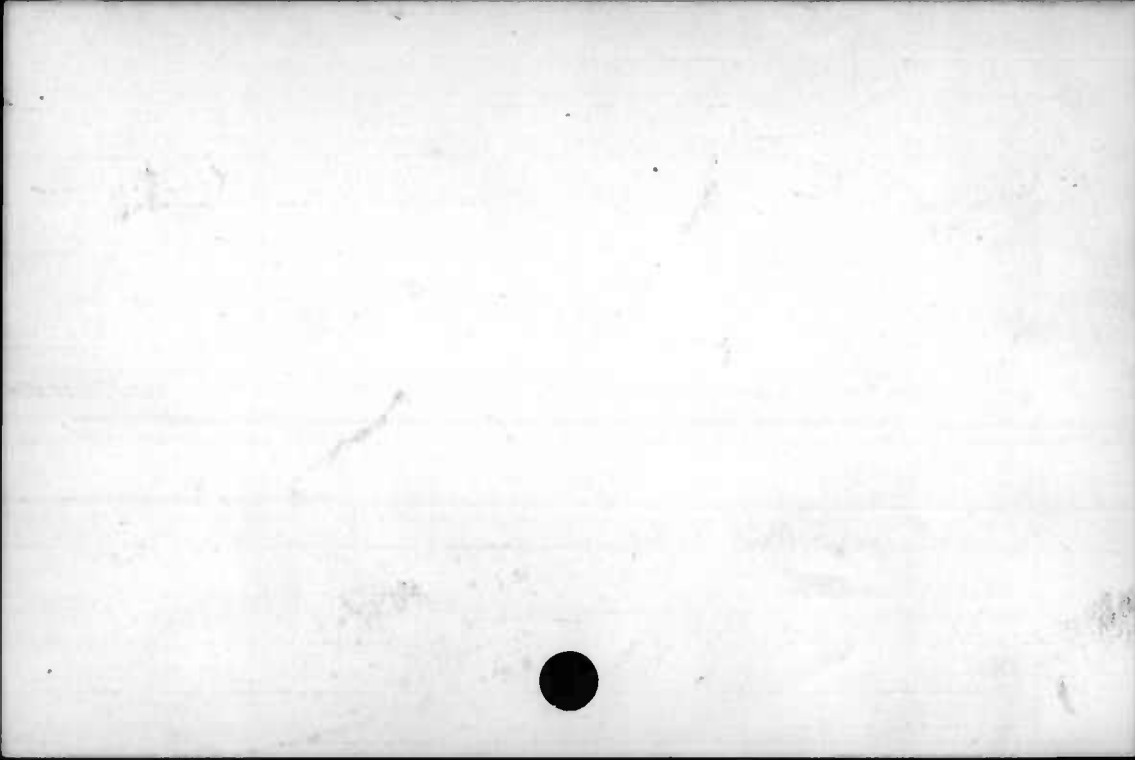
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long 4 months
Immediate		How long 3
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician B. B. B. B. B.
		Address N. Eng.



Name in Full		Katie Dean Gray				6 Dec -		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Bay View		Cec County		MARYLAND	
		Date of death 1903		Month Aug		Day 1		Age 32	
						Years 3		Months	
								Days	
		Sex		female		Color or Race		white	
						Birth-place		Conestocken	
		Married, Single or Widowed		married		Occupation		housekeeper	
Name of Wife or Husband		Katie Dean Gray							
Father's Name		William Smith				Father's Birthplace		not known	
Mother's Maiden Name		Mary Dwight				Mother's Birthplace		not known	
Name of person giving information		Harry R. Gray				How related to deceased		husband	
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long			
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
						Address			
		Accident or Suicide?							



Name  
in  
Full

Ruth Nimoni Gray 5 dist

## CERTIFICATE OF DEATH

Died at Bay Town View

Lee County Lee

MARYLAND

Date of death 1903

Month

Aug

Day

3

Years

Age

Months

4

Days

6

Sex

single

Color or  
Race

white

Birth-  
place

Bay View

Married, Single  
or Widowed

single

Occupation

none

Name of Wife or  
Husband

Harry R Gray

Father's  
Name

Harry R Gray

Father's  
Birthplace

York East

Mother's  
Maiden Name

Katie D Smith

Mother's  
Birthplace

Cornsbrook

Name of person giving  
information

Harry R Gray

How related  
to deceased

father

## CAUSES OF DEATH

Primary

Incoramur

How long

Immediate

1053

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

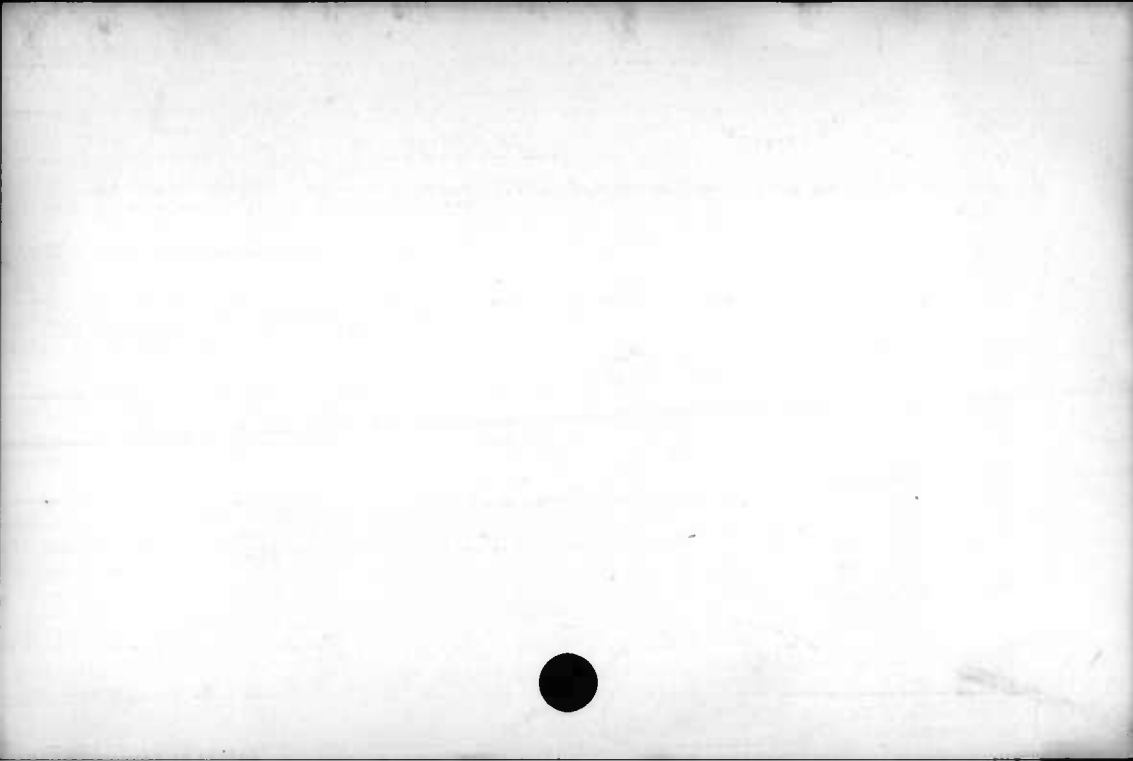
B. P. [Signature]

Address

7. Elm St

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name in Full

Certificate of Death

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

8

27

Age 62

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living: 4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Rachel C. Hambleton

Town

County

Calvert Cecil Co.

Jessie W. Hambleton

William Spius

Sarah Aldridge

with Dilatation. How long sick

Mitral Regurgitation of Heart. About 2 years.

Broken compensation Accident, Suicide, Homicide

Chas. H. Miller, M.D. 79

North East, Md. R.F.D. #1 9 Dr.



Name In Full

Certificate of Death

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

~~Female~~ColoredSingle~~Widower~~

one

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jesse A. Kirk 6 District  
 Rising Sun County Cecil MARYLAND  
 Date 1903 8 23 Age 81 2 1 America Retired  
 Male White Married ~~Widow~~ ~~Divorced~~ Number of children living one  
~~Female~~ Colored Single ~~Widower~~  
 Husband of Mrs. J. Kirk  
 Wife  
 Father's Name Allen Kirk Mother's Maiden Name Mary J. McCullough  
 Cause of Primary General debility - How long sick 3 weeks  
 Death Immediate Exhaustion Accident, Suicide, Homicide  
 Reported by Dr. S. S. Darr 1st  
 Address Rising Sun Maryland



Name In Full

Certificate of Death

Name: Samuel Krewson  
 Town: Pungu  
 County: Cecil  
 State: Maryland  
 Died at: Pungu  
 Date 1903  
 Month: 9  
 Day: 6  
 Age: 85-  
 Y. M. D.  
 Native of: Pa  
 Occupation: whaling  
 Male  
 White  
 Married  
 Widowed  
 Divorced  
 Female  
 Colored  
 Single  
 Widower  
 Number of children living: 2

Husband of: Eliza Krewson  
 Wife  
 Father's Name: Don't know  
 Mother's Name: Don't know  
 Maiden Name

Cause of Death: Primary  
 Immediate: Semat debility  
 Weakness in death throdaye  
 How long sick: 1 year  
 Accident, Suicide, Homicide

Reported by: John H. Jones  
 Address: Pungu Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Martha A Lemon

## CERTIFICATE OF DEATH

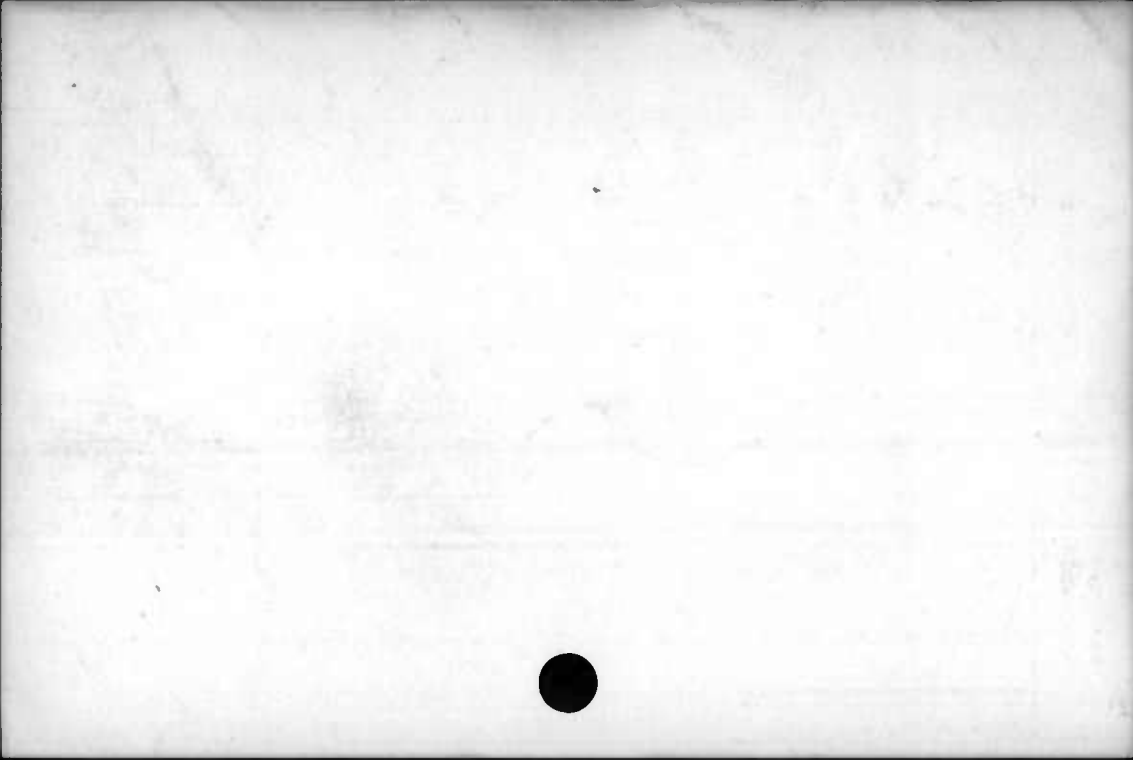
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Elkton		County Beech		MARYLAND	
Date of death 190	3	Month any	Day 27	Age 86	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Pa
Married, Single or Widowed	Single			Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	How long	154
Immediate	Brain softening	How long	7 1/2
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
4		H. Arthur Mitchell M.D.	
		Address	
		Elkton Md.	
Accident? Suicide?			





Name  
in  
Full

Beulah Lockman

## CERTIFICATE OF DEATH

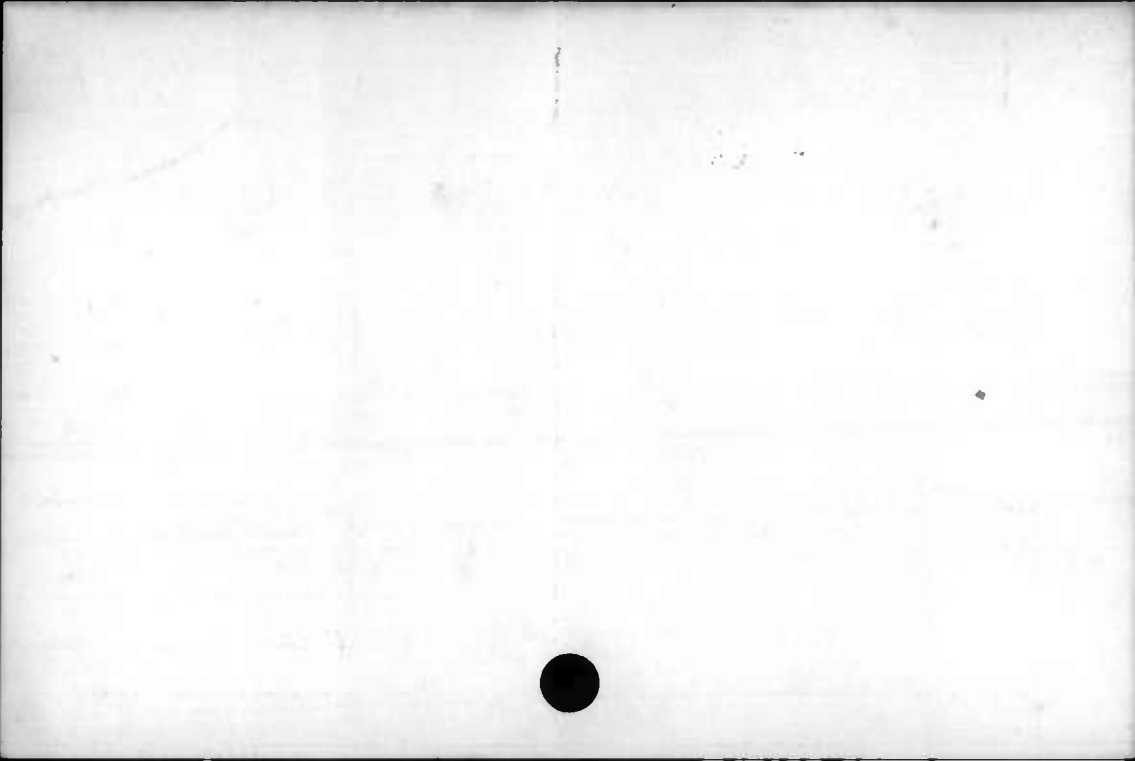
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Harwick		County Burl		MARYLAND	
Date of death 1903	Month Aug	Day 3	Age 20	Months "	Days "		
Sex Female	Color or Race White		Birth- place Harwick Md				
Married, Single or Widowed Single		Occupation Homemaker					
Name of Wife or Husband							
Father's Name Garrett Lockman				Father's Birthplace Md			
Mother's Maiden Name Ella Stradley				Mother's Birthplace Va			
Name of person giving In formation Ella Lockman				How related to deceased mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia	How long 3 weeks
Immediate Phthisis	How long 6 months
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. J. Wright MD
	Address Harwick Md
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

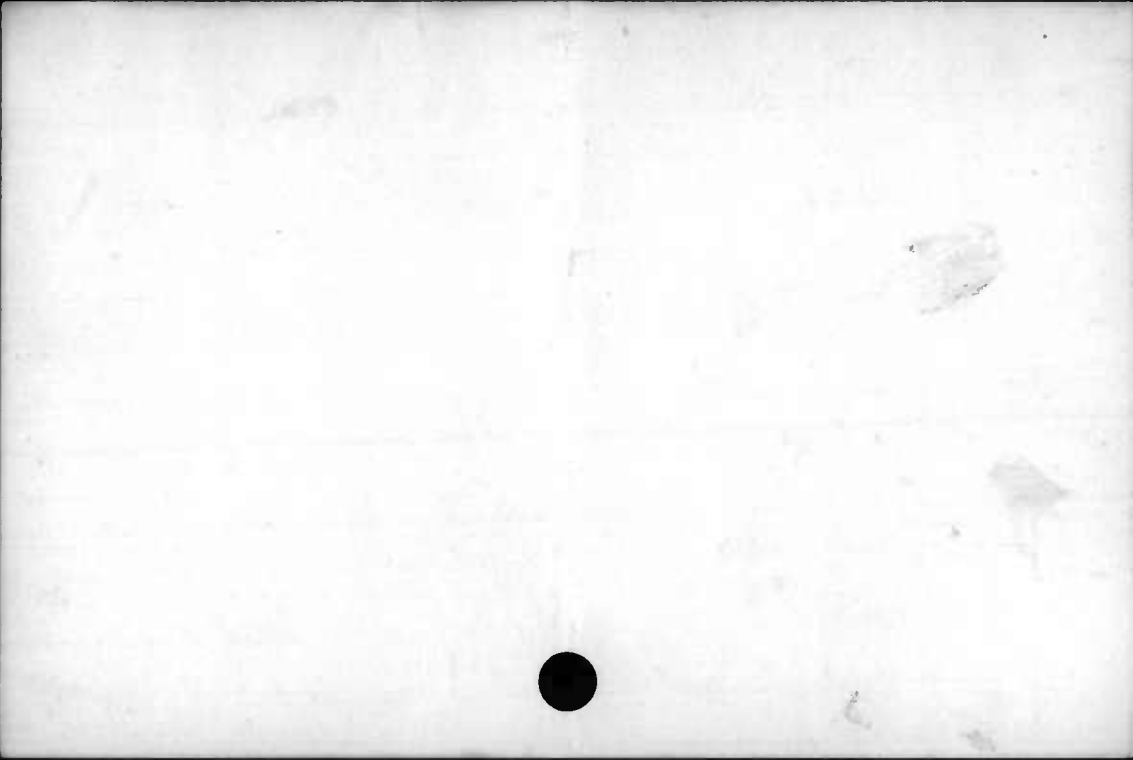
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Viola Marguerite Magaw</i>		Town <i>near Blue Ball</i>		County <i>Cecil</i>		MARYLAND		
Died <i>at</i>		Date of death 190 <i>3</i>		Month <i>8</i>	Day <i>4</i>	Age Years <i>2</i>	Months <i>9</i>	Days <i>20</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>near Blue Ball</i>				
Married, Single or Widowed <i>Single</i>				Occupation				
Name of Wife or Husband								
Father's Name <i>William H. Magaw</i>				Father's Birthplace <i>near Chicago, Ill.</i>				
Mother's Maiden Name <i>Mabel P. Grist</i>				Mother's Birthplace <i>Langhorne, Pa.</i>				
Name of person giving information <i>Wm P. Magaw</i>				How related to deceased <i>Father</i>				

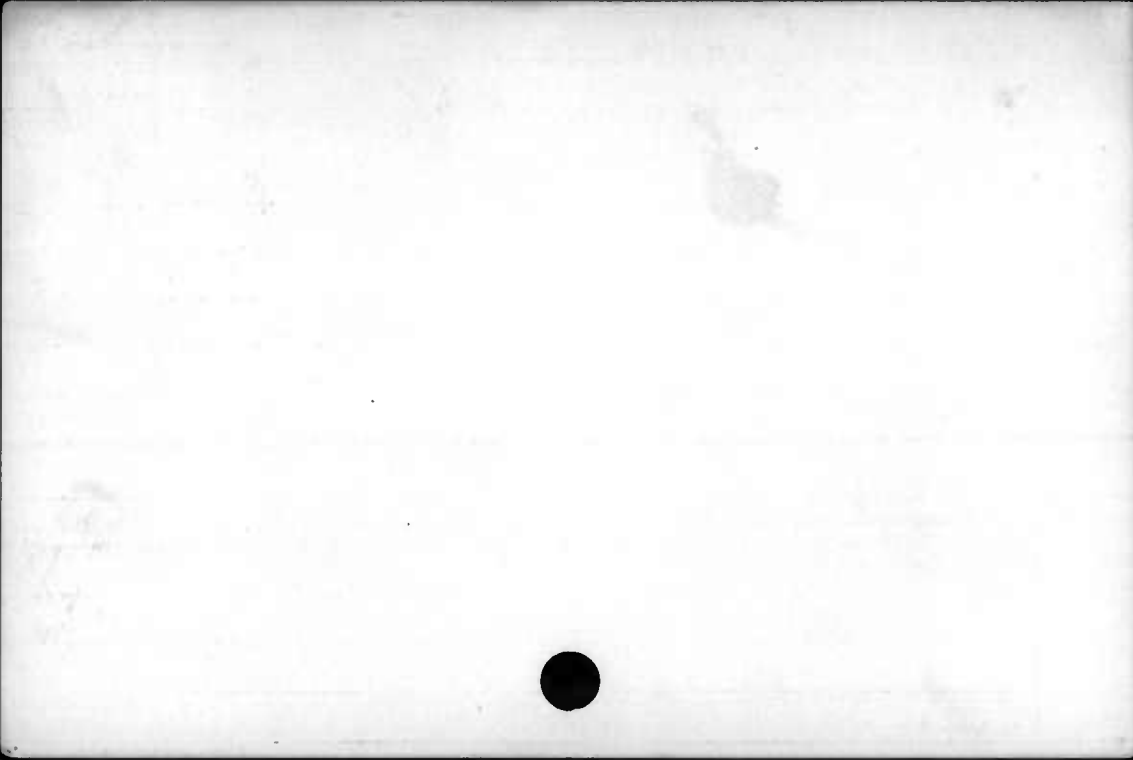
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>8 days</i>
Immediate	<i>Catarrhal Pneumonia</i>	How long	<i>1 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. F. Miller</i>	
		Address <i>North East, Ind.</i>	
Accident or Suicide?			



Name in Full		Henrietta Cawley Marques						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Elston			Cecil			MARYLAND	
	Date of death 190	3	Aug	26	Age			Months	Days
	Sex	Female			Color or Race	white		Birth-place	Elston
	Married, Single or Widowed	S			Occupation				
	Name of Wife or Husband								
	Father's Name	Edward C. Marques					Father's Birthplace	Cecil Co	
	Mother's Maiden Name	Laura M. Bateman					Mother's Birthplace	Cecil Co	
Name of person giving information	Edward C. Marques					How related to deceased	father		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Atelectasis					How long	151	
	Immediate	Exhaustion					How long		
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	Dr. M. S. Cawley	
	Address						Elston Md.		
Accident or Suicide?									



Name  
in-  
Full

## CERTIFICATE OF DEATH

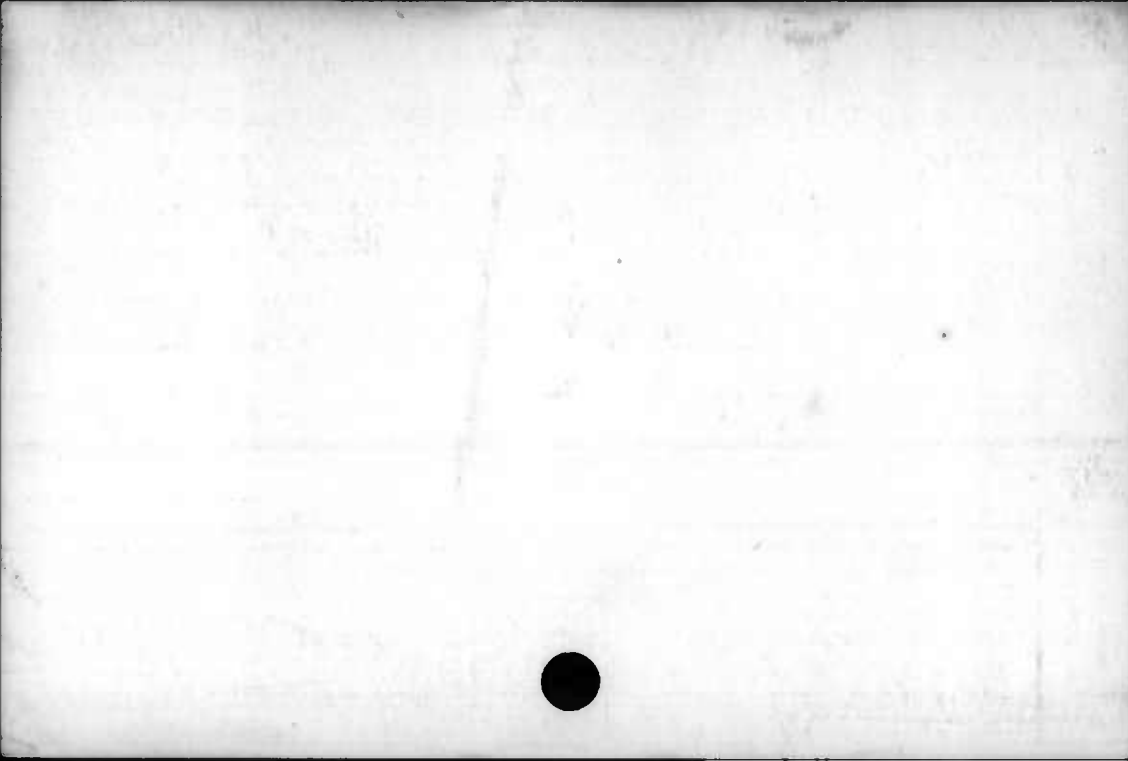
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Days		Years	
of death 1903		Aug		18		Age 46	
Sex		Color or Race		Birth-place		Months	
Male		white		Cecil Co.		10	
Married, Single or Widowed		Occupation		Days		4	
Single		Carpenter					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
James W. Morgan		Cecil Co					
Mother's Maiden Name		Mother's Birthplace					
Rebecca A. Hayes		Cecil Co					
Name of person giving information		How related to deceased					
Harry C. Morgan		Brother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cirrhosis of liver	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		112 Wm D. Cawley
		Address
		Elkton
Accident or Suicide?		md.





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

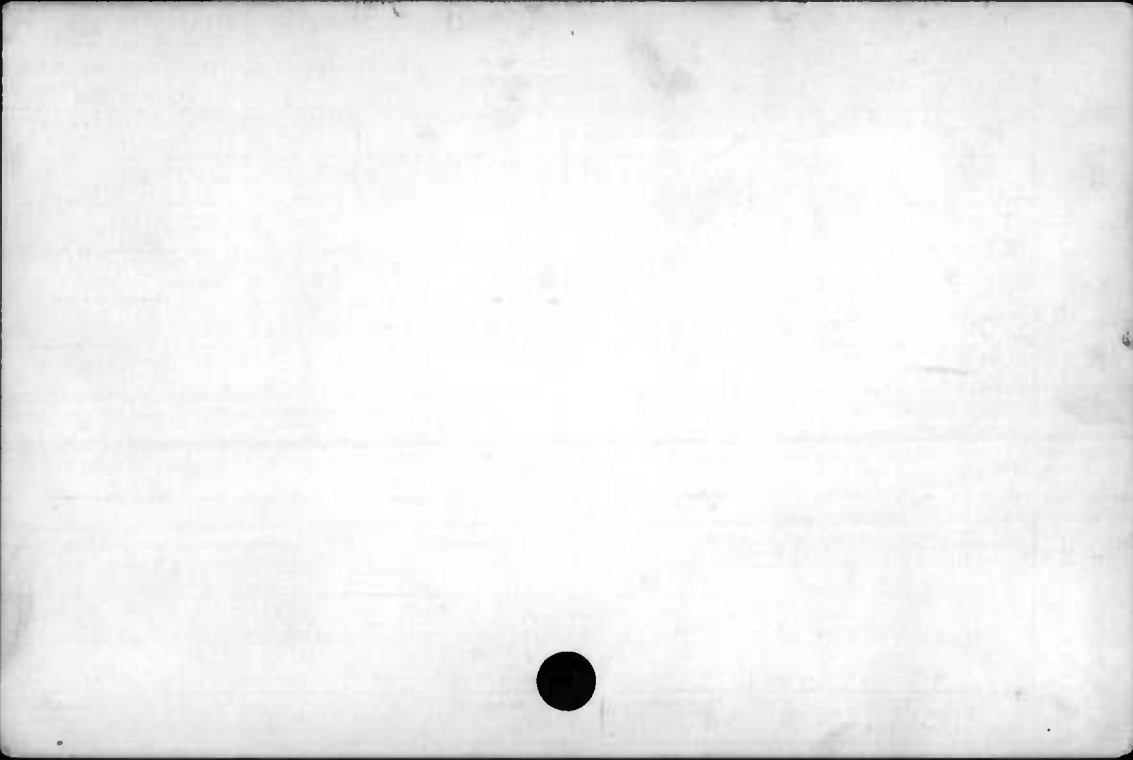
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Imus Chapel New Elcton</i>		Town <i>Elcton</i>		County <i>Cecil</i>			
Date of death 1903	Month <i>Aug</i>	Day <i>6</i>	Age <i>5-1-</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Perry, Indiana</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Sallie E. Myers</i>							
Father's Name <i>Joseph Myers</i>				Father's Birthplace <i>Perry, Indiana</i>			
Mother's Maiden Name <i>Hester Ann Loder</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Sallie E. Myers</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular Heart Disease</i>	How long	<i>79</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. J. Lawley</i>	
		Address <i>Elcton Md.</i>	
Accident or Suicide? <i>—</i>			



Name  
In  
Full

Rebecca Noble

## CERTIFICATE OF DEATH

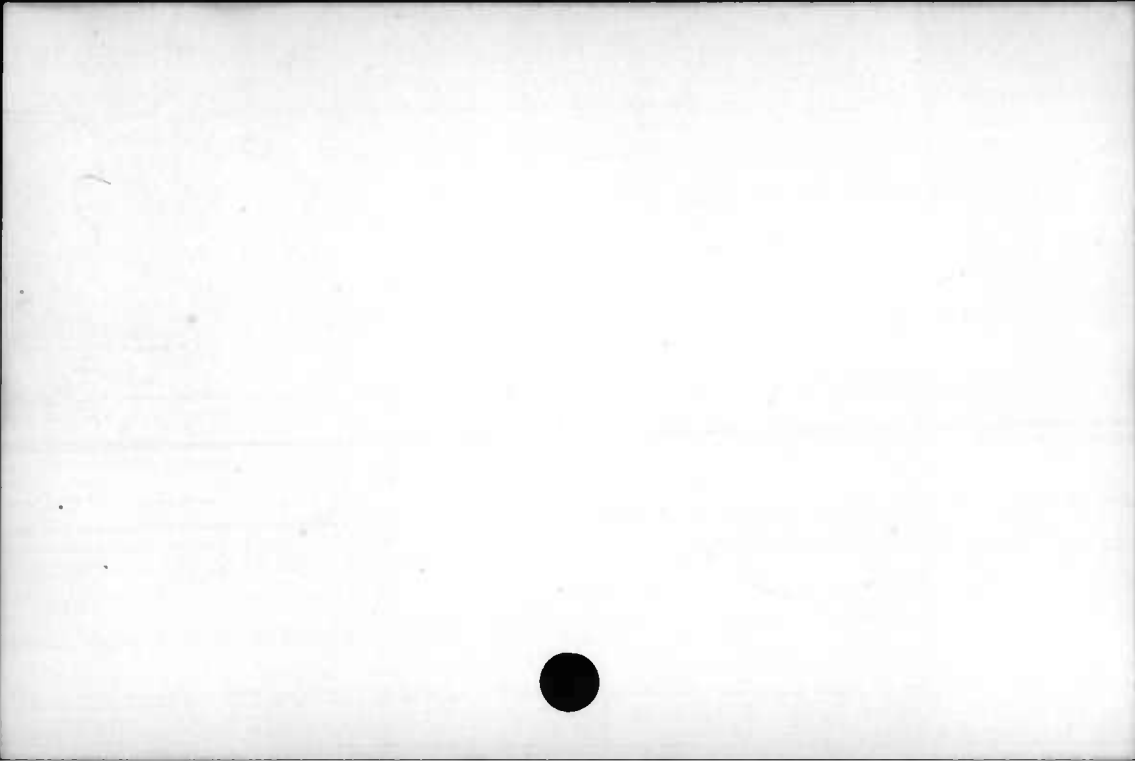
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake City</i>		Town		County		Occise		MARYLAND	
Date of death 1903		Month 8		Day 1		Age 80		Months 3	
Sex Female		Color or Race White		Birth-place		Houffours			
Married, Single or Widowed		Widow		Occupation		Housekeeper			
Name of Wife or Husband		James Noble							
Father's Name		X		Lusby		Father's Birthplace		don't know	
Mother's Maiden Name		Rebecca		Lusby		Mother's Birthplace		don't know	
Name of person giving information		Mrs. Lusby		Neal		How related to deceased		Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>5 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>X</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>W. B. Kerner M.D.</i>	
Address		<i>Chesapeake City, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

George Saunders Price

## CERTIFICATE OF DEATH

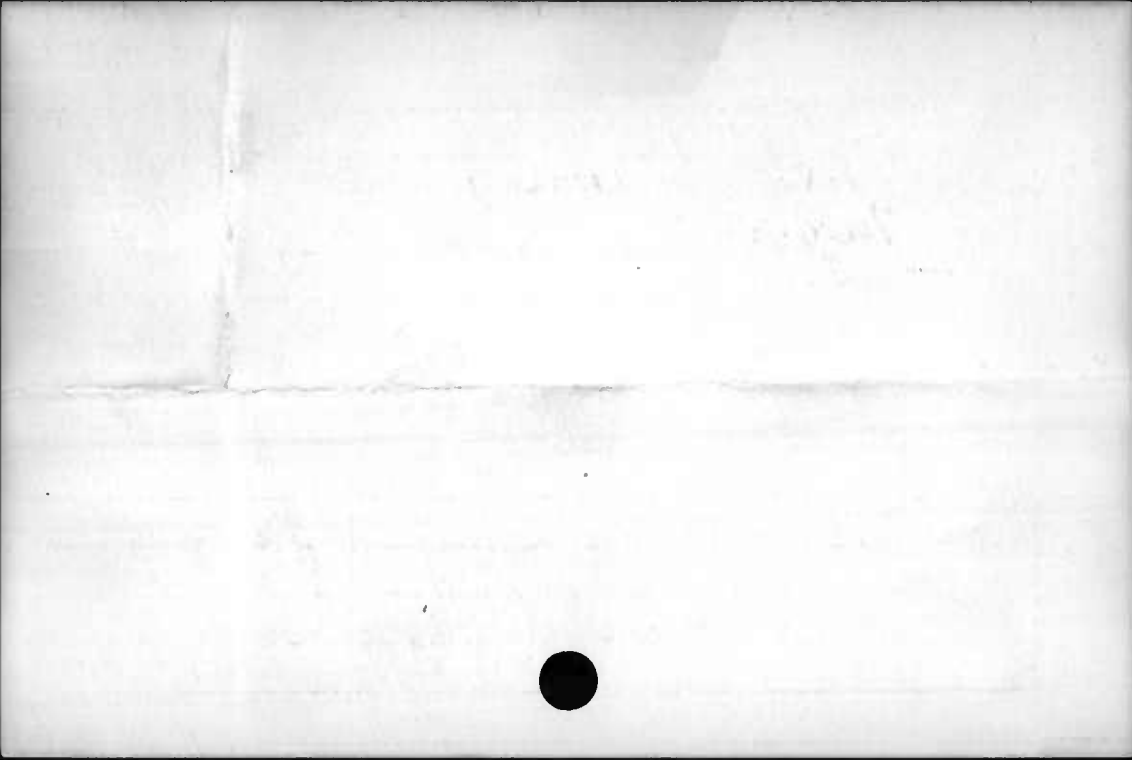
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Warwick</u> <small>Town</small>		<u>Accil</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>August</u>	Day <u>16</u>	Years <u>49</u>	Months	Days
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Cecil Co. Md.</u>	
Married, Single or Widowed <u>Married</u>		Occupation <u>Clerk at Bank</u>			
Name of Wife or Husband <u>Anna Price</u>					
Father's Name <u>George Price</u>				Father's Birthplace <u>Cecil Co. Md.</u>	
Mother's Maiden Name <u>Isabelle Morgan</u>				Mother's Birthplace <u>Cecil Co. Md.</u>	
Name of person giving information <u>Amy R. Price</u>				How related to deceased <u>Half-Sister</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Atherosclerosis of L.A.</u>	How long <u>don't know</u>
Immediate <u>Cardiac &amp; Kidney Failure</u> <u>11/2</u>	How long <u>don't know</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Henry W. Lewis</u>
	Address <u>Middle Town</u>
Accident or Suicide? <u>del.</u>	



Eliza M. Rawlings

Died at <sup>near</sup> <sup>Town</sup> Rowlandville

County

Beall

8th

MARYLAND

Date 1903 8 . 8

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Ga. to W.

none.

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

four

Husband of

John M. Rawlings

Wife

Father's

Samuel Strickman

Mother's

Pondence Hobson

Name

Maiden Name

Cause of

Primary

Cerebral Degeneration

How long sick

seven years

Death

Immediate

Softening of Brain

~~Accident, Suicide, Homicide~~

Reported by

S. J. Roman

Address

65



Conowingo Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Ralph A. Rice.

Town

County

Died at

Liberty Grove Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8, 25, 1913.

Age

3 years

U.S.A.

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

William Rice

Mother's

Name

Mabel Rice

Cause of

Primary

Acute Gastritis,

How long sick

48 hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. R. Jordan M.D.

Address

Liberty Grove Cecil Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

*Corollia Robinson* 5 *dict*

Died at

*West Hill*

County

*Cecil*

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

*Aug 13*

Age

*90*

*Cecil*

*Housewife*

Female

Colored

Single

Widow

*Divorced*

Number of children living

*One*

~~Husband~~ of

Wife

*Phil Robinson*

Father's

Mother's

Name

Maiden Name

Cause of

Primary

*Paralysis*

How long sick

*5 days*

Death

Immediate

*Paralysis*

*66*  
~~Accident, Suicide, Homicide~~

Reported by

*Dr. H. E. ...*

Address

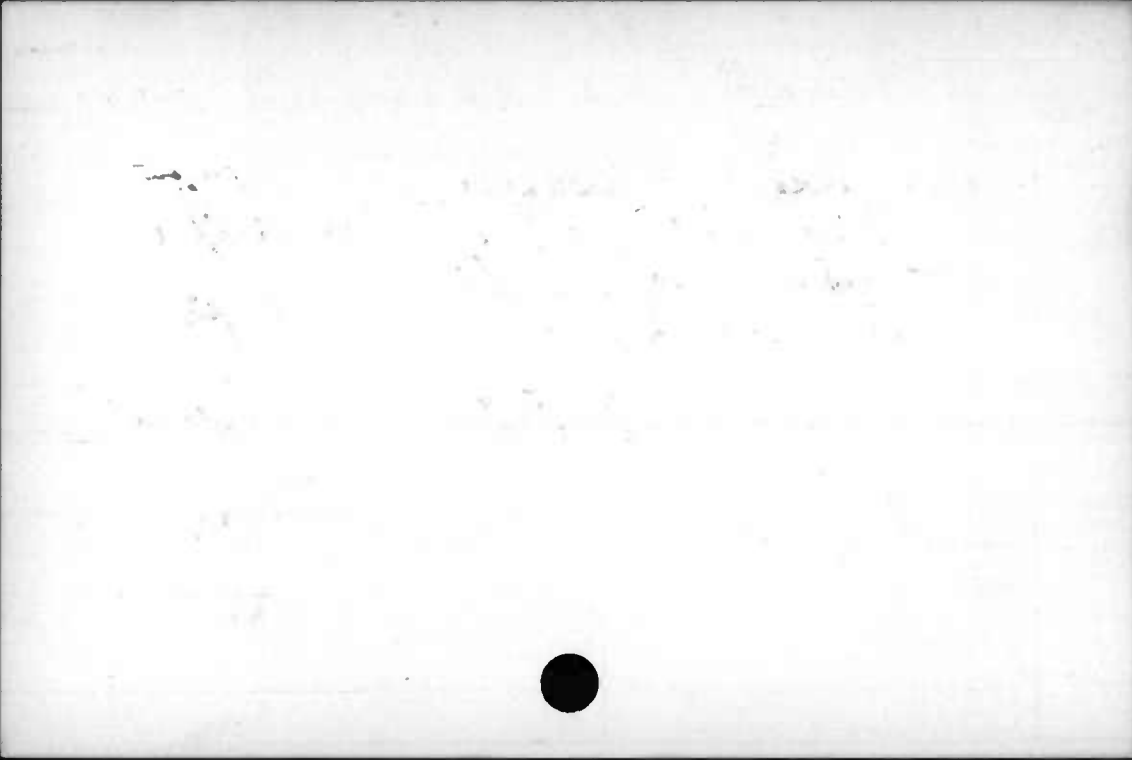
*H. E. ...*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79666



Name in Full		Oliver Schaeffer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Elkton	County Beech		MARYLAND	
		Date of death 1903	Month Aug	Day 3	Age	Years 5	Months Weeks	Days
		Sex	male		Color or Race	White		Birth-place
		Married, Single or Widowed			Occupation			
		Name of Wife or Husband						
		Father's Name			John Schaeffer		Father's Birthplace	
		Mother's Maiden Name			Eva May Corriker		Mother's Birthplace	
		Name of person giving Information					How related to deceased	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Inanition				How long	3 wks.	
	Immediate	151				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
					Elkton Md.			
Accident or Suicide?		—						



Name  
In  
Full

Susan Seth 4 dist

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bank</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>aug</u> <small>Month</small>	<u>16</u> <small>Day</small>	Age <u>70</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Pa</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>House Wife</u>				
Name of Wife or Husband <u>Andrew J. Seth</u>					
Father's Name <u>Derrickson</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u></u>			Mother's Birthplace <u></u>		
Name of person giving information <u>Andrew J Seth</u>			How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Paralysis</u>	How long <u>2 Years</u>
Immediate	<u>66</u>	How long <u>2</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>J. L. Whitaker</u>
		Address <u>Cherry Hill Ind</u>
Accident or Suicide?		

85-



Name  
in  
Full

Daisy Rebecca Shellen

## CERTIFICATE OF DEATH

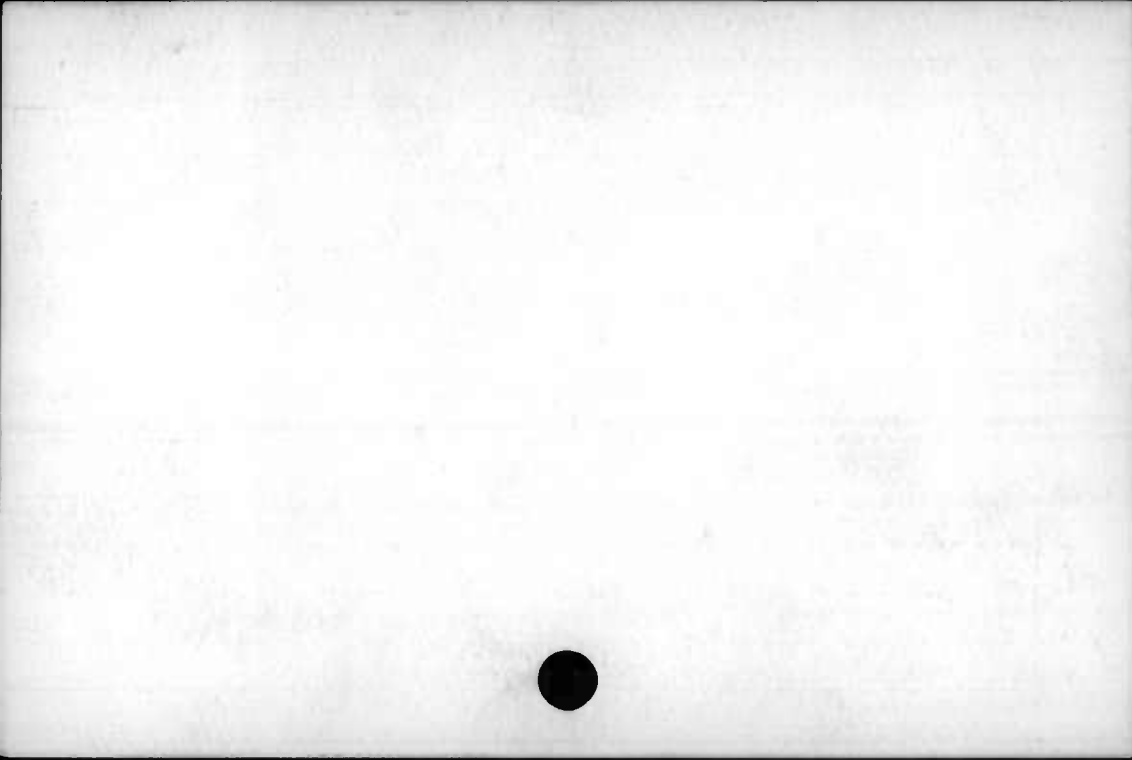
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		7th Dist		MARYLAND	
Date		Month		Day		Years		Months	
of death 1902		Aug		13		Age 14			
Sex		female		Color or Race		white		Birth-place	
								New Valley	
Married Single or Widowed		Single		Occupation		Student			
Name of Wife or Husband									
Father's Name				Father's Birthplace					
Mother's Maiden Name		Laura Shellen		Mother's Birthplace		New Valley			
Name of person giving information		Mother		How related to deceased		Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Acute Phthisis Pulmonalis		How long		One year.	
Immediate		Exhaustion		How long		27	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Ernest Rowland	
				Address		Liberty - Error and	
Accident or Suicide?							



Name  
in  
Full

Margaretta Smith

## CERTIFICATE OF DEATH

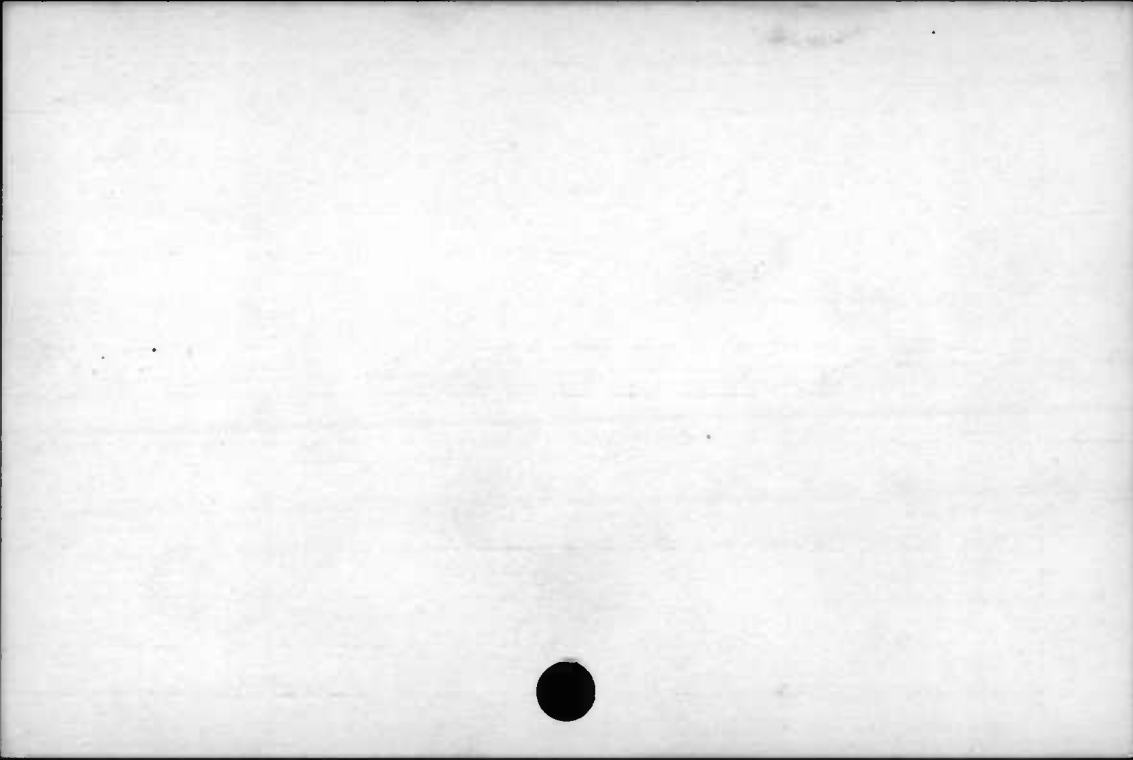
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rock Run</i> <small>Town</small>		<i>Beest</i> <small>County</small>		MARYLAND	
Date of death 190	<i>3</i> <small>Month</small>	<i>Aug</i> <small>Day</small>	<i>28</i> <small>Years</small>	<i>25</i> <small>Months</small>	<i>11</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Proctorville</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>House wife</i>				
Name of Wife or Husband <i>William M Smith</i>					
Father's Name <i>George Bram</i>			Father's Birthplace <i>Balto.</i>		
Mother's Maiden Name <i>Angie Johnson</i>			Mother's Birthplace <i>Rising Sun</i>		
Name of person giving Information <i>George Bram</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Killed by Cars.</i>	How long	<i>166</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm S. Cawley</i>	
		Address <i>Exton Md.</i>	
Accident or Suicide? <i>Accident-</i>			



Name

in  
Full

## CERTIFICATE OF DEATH

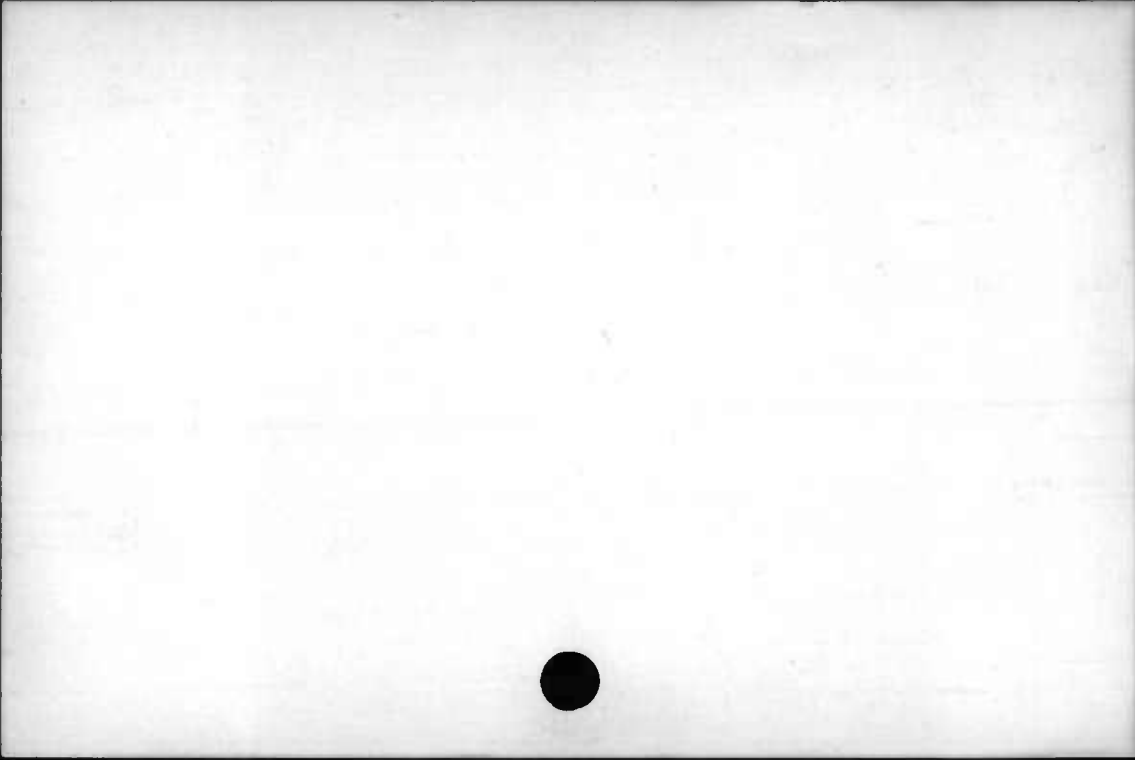
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Bay View</i>		Town <i>Bay View</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>9</i>	Age <i>87</i>	Years <i>87</i>	Months <i>5</i>	Days <i>27</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Penna</i>				
Married, Single <del>Widowed</del>			Occupation <i>Farmer</i>				
Name of Wife <del>Husband</del>							
Father's Name <i>Joseph M. Tyson</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Rawlings A. Tyson</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Old age</i> <i>154</i>	How long
Are the name, age, sex, color, date, and place correctly given above?	Signature of Physician <i>D. S. Hoffman</i>
	Address <i>Ginn Md</i>
Accident or Suicide?	



Name  
in  
Full

Fannie E Ward

## CERTIFICATE OF DEATH

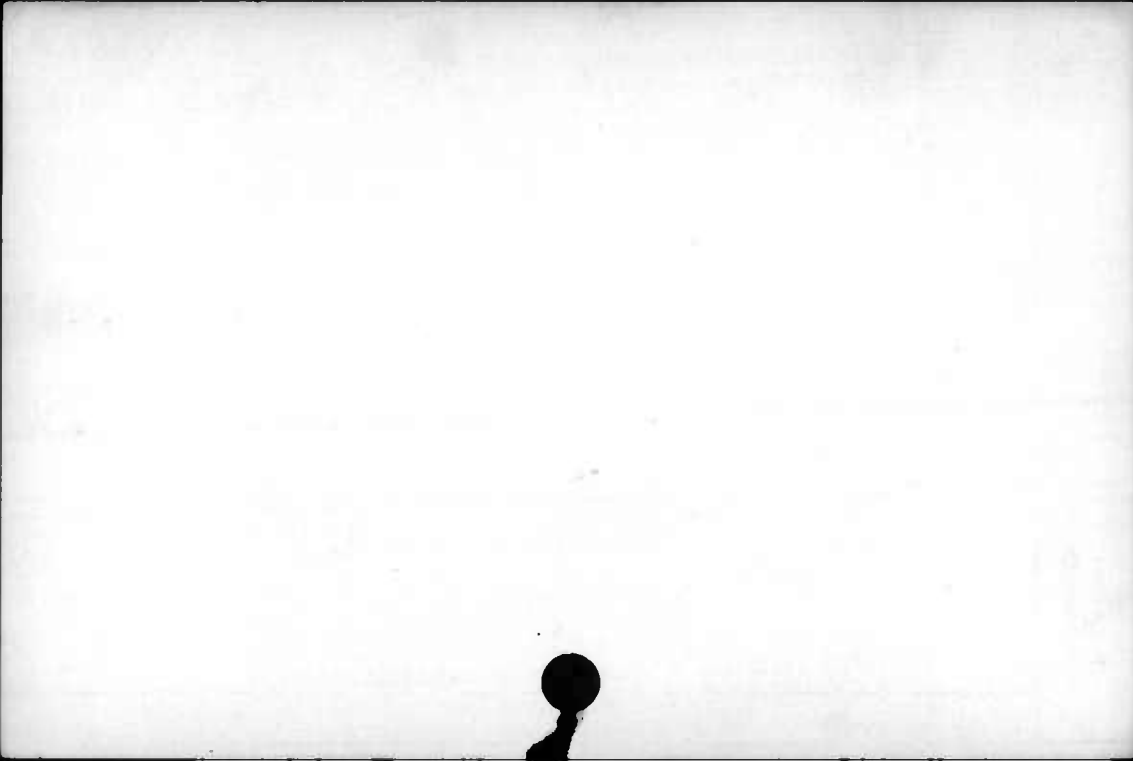
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Perryville</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>7</i>	Age <i>75</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford County</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housekeeping</i>			
Name of Wife or Husband <i>Wm Ward</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Chas Ward</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Cancer of breast</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Gro. M. Plump</i>
	Address <i>Perryville</i>
Accident or Suicide?	





Name  
in  
Full

Sarah E. West

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake City</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death	1903	Month	8	Day	24	Age	Years 53
Sex	Female		Color or Race	White		Birth-place	Baltimore
Occupation	House Keeper			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Chas. P. West			
Father's Name	Wm Behrens				Father's Birthplace	Germany	
Mother's Maiden Name	Unknown				Mother's Birthplace	Baltimore	
Name of person giving information	Chas. P. West				How related to deceased	Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tubercular Laryngitis.</i>		How long	<i>4 or 5 years</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. V. Wallace</i>		
For some time previous to		Address <i>her death, she was under treat</i>		
Accident or Suicide?		<i>Ment. a brother of Baltimore Md. J. V. W.</i>		

87



Name  
in  
Full

Mary Young

Co. 1

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cecilton		County Cecil		MARYLAND	
Date of death 1903		Month 8	Day 25	Age x	Years x	Months 7	Days x
Sex Female		Color or Race Colored		Birth- place Cecilton			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Anthony Young				Father's Birthplace Cecil Co			
Mother's Maiden Name Hannah Briscoe				Mother's Birthplace Cecil Co			
Name of person giving In formation J. H. Black, Sub Reg				How related to deceased None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption		How long	Since Birth
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	27
			Address	J. H. Black Sub Reg Cecilton Md
Accident or Suicide?				

